

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our [Technical Documentation](#).

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

## Health Care

Program name	Date of last literature review	Total benefits	Taxpayer benefits	Non-taxpayer benefits	Costs	Benefits minus costs (net present value)	Benefit to cost ratio	Chance benefits will exceed costs
<b>Obesity and Diabetes</b>								
Lifestyle interventions to prevent diabetes: Long-term, intensive, individual counseling programs	Feb. 2017	\$27,925	\$8,783	\$19,143	(\$3,987)	\$23,939	\$7.00	100 %
Lifestyle interventions to prevent diabetes: Shorter-term programs with group-based counseling	Feb. 2017	\$16,708	\$5,113	\$11,595	(\$470)	\$16,238	\$35.55	76 %
Behavioral interventions to reduce obesity for adults: High-intensity, in-person programs	Dec. 2014	\$1,748	\$526	\$1,222	(\$657)	\$1,090	\$2.66	61 %
Behavioral interventions to reduce obesity for adults: Remotely-delivered programs	Dec. 2014	\$617	\$168	\$448	(\$100)	\$517	\$6.15	52 %
Behavioral interventions to reduce obesity for children: Remotely-delivered programs	Dec. 2014	\$23	\$14	\$9	(\$68)	(\$45)	\$0.34	48 %
Behavioral interventions to reduce obesity for adults: Low-intensity, in-person programs	Dec. 2014	\$96	\$49	\$47	(\$194)	(\$98)	\$0.49	51 %
Behavioral interventions to reduce obesity for children: Low-intensity, in-person programs	Dec. 2014	(\$32)	\$13	(\$46)	(\$173)	(\$205)	(\$0.19)	46 %
Behavioral interventions to reduce obesity for children: Moderate- to high-intensity, face-to-face programs	Dec. 2014	(\$25)	\$37	(\$62)	(\$350)	(\$375)	(\$0.07)	43 %
<b>Health Care System Efficiency</b>								
Transitional care programs to prevent hospital readmissions: Comprehensive programs	Dec. 2014	\$1,935	\$853	\$1,083	(\$441)	\$1,494	\$4.39	66 %
Transitional care programs to prevent hospital readmissions: All programs, general patient populations	Dec. 2014	\$444	\$186	\$258	(\$54)	\$390	\$8.15	64 %
Patient-centered medical homes in physician-led practices without explicit utilization or cost incentives (high-risk populations)	Dec. 2016	\$298	\$147	\$151	(\$88)	\$210	\$3.40	49 %
Patient-centered medical homes in physician-led practices with utilization or cost incentives (high-risk populations)	Dec. 2016	\$231	\$135	\$96	(\$164)	\$68	\$1.41	43 %
Interventions to reduce unnecessary emergency department visits: General education on appropriate ED use	Dec. 2014	\$14	\$6	\$9	(\$8)	\$6	\$1.70	49 %
Patient-centered medical homes in physician-led practices without explicit utilization or cost incentives (general population)	Dec. 2016	\$43	\$37	\$6	(\$88)	(\$45)	\$0.49	35 %
Interventions to reduce unnecessary emergency department visits: Asthma self-management education for children	Dec. 2014	(\$3)	\$11	(\$14)	(\$82)	(\$85)	(\$0.03)	48 %
Patient-centered medical homes in physician-led practices with utilization or cost incentives (general population)	Dec. 2016	\$59	\$60	(\$2)	(\$164)	(\$105)	\$0.36	34 %
Interventions to reduce unnecessary emergency department visits: Intensive case management for frequent ED users	Dec. 2014	\$9,084	\$5,209	\$3,875	(\$10,103)	(\$1,020)	\$0.90	42 %
<b>Maternal and Infant Health</b>								
Other prenatal home visiting programs	Dec. 2016	\$12,261	\$743	\$11,519	(\$730)	\$11,531	\$16.79	100 %

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Smoking cessation programs for pregnant women: Contingency management	Dec. 2016	\$10,504	\$990	\$9,514	(\$221)	\$10,284	\$47.64	98 %
Enhanced prenatal care programs delivered through Medicaid	Dec. 2016	\$6,707	\$865	\$5,842	(\$437)	\$6,270	\$15.35	98 %
Group prenatal care (compared to standard prenatal care)	Dec. 2016	\$2,877	\$184	\$2,693	\$1,156	\$4,033	n/a	94 %
Smoking cessation programs for pregnant women: Nicotine replacement treatment	Dec. 2016	\$3,576	\$320	\$3,257	(\$122)	\$3,454	\$29.22	74 %
Non-Medicaid enhanced prenatal care programs for African-American women	Dec. 2016	\$3,590	\$588	\$3,002	(\$624)	\$2,966	\$5.76	70 %
Non-Medicaid enhanced prenatal care programs for adolescents	Dec. 2016	\$3,187	\$669	\$2,518	(\$539)	\$2,647	\$5.91	72 %
Smoking cessation programs for pregnant women: Intensive behavioral interventions	Dec. 2016	\$2,399	\$209	\$2,189	(\$100)	\$2,299	\$24.05	89 %
Resource Mothers Program	Dec. 2016	\$2,098	\$367	\$1,731	(\$755)	\$1,343	\$2.78	85 %
Cesarean section reduction programs: Multi-faceted hospital-based interventions (Medicaid population)	Nov. 2015	\$300	\$212	\$88	(\$36)	\$264	\$8.28	99 %
Cesarean section reduction programs: Multi-faceted hospital-based interventions (private pay population)	Nov. 2015	\$284	\$0	\$284	(\$36)	\$248	\$7.84	100 %
Cesarean section reduction programs: Audit and feedback (Medicaid population)	Nov. 2015	\$181	\$130	\$51	(\$29)	\$152	\$6.24	85 %
Cesarean section reduction programs: Audit and feedback (private pay population)	Nov. 2015	\$170	\$0	\$170	(\$29)	\$141	\$5.86	85 %
Cesarean section reduction programs: Mandatory second opinion (Medicaid population)	Nov. 2015	\$156	\$131	\$25	(\$81)	\$75	\$1.92	100 %
Cesarean section reduction programs: Mandatory second opinion (private pay population)	Nov. 2015	\$145	\$0	\$145	(\$81)	\$63	\$1.78	98 %
Cesarean section reduction programs: Continuous support (Medicaid population)	Nov. 2015	(\$7)	\$87	(\$94)	(\$275)	(\$281)	(\$0.02)	1 %
Cesarean section reduction programs: Continuous support (private pay population)	Nov. 2015	(\$15)	\$0	(\$15)	(\$275)	(\$289)	(\$0.05)	2 %
Interventions to prevent excessive gestational weight gain (population with obesity-related risk factors)	Dec. 2016	(\$757)	(\$238)	(\$519)	(\$213)	(\$970)	(\$3.55)	49 %
Interventions to prevent excessive gestational weight gain (general population)	Dec. 2016	(\$1,004)	\$125	(\$1,129)	(\$194)	(\$1,198)	(\$5.17)	35 %
<b>Falls Prevention for Older Adults</b>								
Multicomponent interventions including exercise and home hazard reduction (high-risk population)	Jan. 2018	\$8,717	\$1,194	\$7,523	(\$1,023)	\$7,694	\$8.52	100 %
Otago Exercise Program (high-risk population)	Jan. 2018	\$6,482	\$885	\$5,597	(\$719)	\$5,763	\$9.01	97 %
Home hazard reduction (high-risk population)	Oct. 2017	\$3,744	\$657	\$3,087	(\$336)	\$3,409	\$11.16	100 %
Otago Exercise Program (general population)	Jan. 2018	\$3,821	\$536	\$3,285	(\$662)	\$3,160	\$5.78	100 %
Group exercise classes (high-risk population)	Feb. 2018	\$3,140	\$562	\$2,578	(\$365)	\$2,776	\$8.61	71 %
Individual exercise programs (high-risk population)	Feb. 2018	\$2,874	\$383	\$2,491	(\$612)	\$2,262	\$4.70	77 %
Multifactorial programs: physician-led (high-risk population)	Nov. 2017	\$1,990	\$516	\$1,474	(\$1,591)	\$399	\$1.25	62 %
Group exercise classes for osteoporosis/osteopenia	Jan. 2018	\$710	\$164	\$546	(\$313)	\$397	\$2.27	82 %
Multicomponent interventions including exercise and home hazard reduction (general population)	Jan. 2018	\$728	\$152	\$575	(\$352)	\$375	\$2.06	89 %
Tai Chi (high-risk population)	Jan. 2018	\$578	\$129	\$449	(\$233)	\$345	\$2.48	56 %
Tai Chi (general population)	Jan. 2018	\$562	\$139	\$423	(\$352)	\$210	\$1.59	80 %
Group exercise classes (general population)	Feb. 2018	\$183	\$49	\$133	(\$139)	\$43	\$1.31	63 %
Individual exercise programs (general population)	Feb. 2018	\$298	\$86	\$212	(\$282)	\$16	\$1.06	50 %
Cognitive behavioral interventions (general population)	Feb. 2018	\$278	\$80	\$198	(\$309)	(\$31)	\$0.90	40 %
Multifactorial interventions: nurse-led (general population)	Nov. 2017	\$493	\$142	\$351	(\$703)	(\$210)	\$0.70	20 %
Home hazard reduction (general population)	Oct. 2017	(\$77)	\$1	(\$78)	(\$166)	(\$242)	(\$0.46)	16 %
Multicomponent interventions including group exercise and vitamin D supplementation (high-risk population)	Jan. 2018	(\$566)	\$11	(\$577)	(\$1,232)	(\$1,798)	(\$0.46)	23 %
Multifactorial interventions: nurse-led (high-risk population)	Nov. 2017	(\$5,223)	(\$638)	(\$4,585)	(\$592)	(\$5,815)	(\$8.82)	0 %

## Other Health Care topics reviewed:

Program name	Date of last literature review	Notes
Accountable Care Organizations: (a) Alternative Quality Contract	Nov. 2015	Click for meta-analytic results
Accountable Care Organizations: (b) Medicare Physician Group Practice Demonstration (PGPD)	Nov. 2015	Click for meta-analytic results
Accountable Care Organizations: (c) Medicare Pioneer ACOs	Nov. 2015	Click for meta-analytic results
Cost sharing: (a) High-Deductible Health Plans (moderate to high deductibles, with and without HRAs or HSAs), general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (b) High-Deductible Health Plans (moderate to high deductible levels, with or without HSAs), low-income patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (c) High-Deductible Health Plans with moderate deductibles (individual < \$1000), general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (d) High-Deductible Health Plans with higher deductibles (individual > \$1000), general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (e) High-Deductible Health Plans with higher deductibles (individual > \$1000) and HRA accounts, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (f) High-Deductible Health Plans with higher deductibles (individual > \$1000) and HSA accounts, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (g) Coinsurance (25% rate or higher) versus no cost sharing, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (h) Copay increases across multiple services, low-income population	Nov. 2015	Click for meta-analytic results
Cost sharing: (i) Copay increases across multiple services, low-income and chronically-ill population	Nov. 2015	Click for meta-analytic results
Cost sharing: (j) Emergency department copays, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (k) Emergency department copays, low-income patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (l) Copays for nonemergent emergency department visits, Medicaid adult population	Nov. 2015	Click for meta-analytic results
Cost sharing: (m) Copays for prescription drugs, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (n) Copays for prescription drugs, adults with a chronic illness	Nov. 2015	Click for meta-analytic results
Cost sharing: (o) Copay reductions for prescription drugs used to treat chronic conditions (Value Based Insurance Design), adults with chronic illnesses	Nov. 2015	Click for meta-analytic results
Cost sharing: (p) Copays for prescription drugs, low-income children (CHIP)	Nov. 2015	Click for meta-analytic results
Cost sharing: (q) Copays for prescription drugs, low-income children (CHIP) with a chronic illness	Nov. 2015	Click for meta-analytic results
Cost sharing: (r) Copays for prescription drugs, Medicare beneficiaries	Nov. 2015	Click for meta-analytic results
Falls prevention: Individual exercise programs for osteoporosis/osteopenia	Jan. 2018	Click for meta-analytic results
Long-acting reversible contraception (compared to short-acting reversible contraception)	Sep. 2018	Click for meta-analytic results
Oral health: Fluoride varnish treatment for permanent teeth	Oct. 2014	Click for meta-analytic results
Oral health: Fluoride varnish treatment for primary teeth	Oct. 2014	Click for meta-analytic results
Oral health: Resin sealants for molars	Oct. 2014	Click for meta-analytic results
Patient-centered medical homes in integrated health systems (high-risk population)	Dec. 2016	Click for meta-analytic results
Smoking cessation programs for pregnant women: Postpartum smoking relapse prevention	Dec. 2016	Click for meta-analytic results
Transitional care programs to prevent hospital readmissions: Brief phone follow-up only	Dec. 2014	Click for meta-analytic results
Chronic Care Model (CCM) interventions	Dec. 2016	No rigorous evaluation measuring outcome of interest.
Oral health: Mid-level dental care providers	Oct. 2014	No rigorous evaluation measuring outcome of interest.
Oral health: Preventive dental visits	Oct. 2014	No rigorous evaluation measuring outcome of interest.
Prenatal depression screening	Dec. 2016	No rigorous evaluation measuring outcome of interest.

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## Washington State Institute for Public Policy

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